

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/589693		FILING DATE							
APPLICANT(S)																
CLAIMS																
		AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT				AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT		
		IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.		DEP.	IND.	DEP.	IND.	DEP.
1		/						51								
2			/					52								
3			/					53								
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49								99								
50								100								
TOTAL IND.	4	↓	3	↓			↓	TOTAL IND.		↓		↓			↓	
TOTAL DEP.	6	←	7	←			←	TOTAL DEP.		←		←			←	
TOTAL CLAIMS	10		10					TOTAL CLAIMS								

PTO - 1360 (REV. 11/04)

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